



STATE OF TENNESSEE TREASURY DEPARTMENT
BANK COLLATERAL POOL BOARD
P.O. Box 198785
NASHVILLE, TN 37219-8785



MONTHLY PLEDGED COLLATERAL REPORT

Date: _____, 20 _____

Pursuant to Tennessee Code Annotated, Title 9, Chapter 4, Part 5, every participant of the state Bank Collateral Pool will file a detailed schedule of all securities pledged as collateral to the State of Tennessee within fifteen (15) days after the end of each calendar month.

(1) Date Submitted: _____ (2) State Bank Number: _____

(3) Name of Institution: _____

(4) Address of Principal Offices: _____

(5) Please attach a listing or describe below all securities your institution has pledged as collateral to the State of Tennessee.

Description	Cusip #	Coupon Rate	Issue Date	Maturity Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(6) "I hereby certify that I have read the foregoing facts and the attachments provided and that they are true."

Authorized Depository Officer

Signature: _____

Name: _____

Title: _____

Date: _____

Person Preparing Report

Signature: _____

Name: _____

Title: _____

Date: _____

Phone #: _____

Sworn to and subscribed before me: _____ Notary Public

(Notary Seal)

TR-0355

_____ Date Commission Expires

RDA-2393

**P.O. Box 198785
Nashville, TN 37219-8785
STATE OF TENNESSEE
BANK COLLATERAL POOL**

**INSTRUCTION SHEET FOR COMPLETING
THE MONTHLY PLEDGED COLLATERAL REPORT**

Please use the following instructions when completing the Monthly Pledged Collateral Report form to ensure that the correct information is being supplied. Please direct any questions or comments to the Collateral Pool staff at (615) 532-1168. The Monthly Pledged Collateral Report must be sent within 15 days of the calendar month end.

GENERAL INFORMATION

1. Date Submitted is the date you submit this form.
2. State Bank Number is your three digit State Depository Number. If you are not an authorized state depository institution, signify with an N/A.
3. Name of Institution is the full legal name which your institution is chartered under.
4. Address of Principal Offices is the primary business address for your institution.

COLLATERAL INFORMATION

1. Please provide detailed information, as requested, for any securities your institution has pledged as collateral to the State of Tennessee. The following information should be supplied:
 - a. Description is the name or type of security pledged (such as FNMA, USTN, City of Nashville, etc.)
 - b. Cusip Number is the nine digit number assigned to the security by the securities industry (i.e. 31346AB99).
 - c. Coupon Rate is the interest rate of the security.
 - d. Original Pool is the Original Par Amount.
 - e. Maturity Date is the date the security matures.
 - f. Amount is the current market value of the security.

CERTIFICATION

The Certification Section **MUST** be completed by a senior bank officer and by the person preparing the form. The signature, a printed or typed name, official title, the date executed, and the phone number of the preparer should be completed as required. The executed document should then be notarized, with the notary seal affixed.

The completed form and any related documents should then be mailed to:

**State of Tennessee
Treasury Department
Bank Collateral Pool Board
P.O. Box 198785
Nashville, TN 37219-8785**